

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155729		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 10/31/2011	
NAME OF PROVIDER OR SUPPLIER VILLAGE OF HERITAGE THE				STREET ADDRESS, CITY, STATE, ZIP CODE 12011 WHITTERN RD MONROEVILLE, IN46773			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 10/31/11</p> <p>Facility Number: 002549 Provider Number: 155729 AIM Number: 200289420</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, The Village of Heritage was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully</p>			K0000	<p>November 14, 2011Ms. Kim Rhoades, Director of Long Term CareIndiana State Department of Health2 North Meridian StreetIndianapolis, IN 46204Dear Ms. Rhoades,Attached is The Village of Heritage's Plan of Correction for our Life Safety Code Survey.The attached plan of correction is our credible allegation of compliance.Preparation and/or execution of this plan of correction in general, or this corrective action in particular does not constitute an admission or agreement by The Village of Heritage of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with State and Federal laws.Sincerely,Stephanie Allen, HFAAdministrator</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155729		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 10/31/2011	
NAME OF PROVIDER OR SUPPLIER VILLAGE OF HERITAGE THE				STREET ADDRESS, CITY, STATE, ZIP CODE 12011 WHITTERN RD MONROEVILLE, IN46773			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0061 SS=C	<p>sprinklered. The facility has a fire alarm system with smoke detection in the corridor, areas open to corridor and resident rooms. The facility has a capacity of 61 and had a census of 61 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/02/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 water valves for the sprinkler system were electronically supervised. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on observation with the Environmental Service Supervisor on 10/31/11 at 12:45 p.m., the</p>			K0061	<p>1. The 2 water valves for the sprinkler system were fixed on 11/11/11, and are now electronically supervised.2. No other occupants have the potential to be affected, as the deficiency has been corrected.3. Environmental Services Manager and/or designee will check the electronically supervised water valves monthly x 6 months to insure compliance and will submit form (Attachment A) to Administrator or designee monthly to insure compliance.4. Environmental Services Manager and/or designee will monitor</p>		11/30/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155729		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 10/31/2011	
NAME OF PROVIDER OR SUPPLIER VILLAGE OF HERITAGE THE				STREET ADDRESS, CITY, STATE, ZIP CODE 12011 WHITTERN RD MONROEVILLE, IN46773			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0067 SS=F	water shut off valves in the sprinkler riser room were secured in the open position with a chain and a padlock, however, there was no electronic supervision of the valves. Based on an interview with the Environmental Service Supervisor at the time of observation, the valves have always been chained in the open position. 3.1-19(b)				monthly x 6 months, as indicated above, with results to QA.5. In compliance by 11/30/11.		
	Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 Based on observation, record review and interview; the facility failed to ensure an undetermined number of dampers in the ceiling return vents were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires air conditioning, heating, ventilating ductwork and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of			K0067	1. All return vent dampers were inspected on 11/10/11, with no concerns noted.2. No other occupants have the potential to be affected, as the deficiency has been corrected.3. Administrator and/or Environmental Services Manager will keep an updated schedule for all the dampers to be rechecked within the proper timeline. (Attachment A)4. Administrator and/or Environmental Services Manager will report compliance of damper testing to QA on the next year damper testing is scheduled ot occur as indicated in K067.5. In		11/30/2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/16/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155729		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 10/31/2011	
NAME OF PROVIDER OR SUPPLIER VILLAGE OF HERITAGE THE				STREET ADDRESS, CITY, STATE, ZIP CODE 12011 WHITTERN RD MONROEVILLE, IN46773			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>Air-Conditioning and Ventilating Systems. NFPA 90A, 1999 Edition, 3.4.7, Maintenance, requires at least every 4 years, fusible links shall be removed; all dampers shall be operated to verify they fully close; the latch, if provided, shall be checked, and moving parts shall be lubricated as necessary. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on interview with the Environmental Service Supervisor on 10/31/11 at 11:00 a.m., when asked if there were fire/smoke dampers in the supply and return vents he said he believed there were fire dampers in the AC return air vents. At this time in the Maintenance Shop the Environmental Service Supervisor removed the cover from the AC return air vent and observed a fire damper. Based on record review at 11:10 a.m. on 10/31/11, the Myer's "Fire/Smoke Damper Maintenance Record" did not list this fire damper. The Environmental Service Supervisor could not confirm the exact</p>				compliance by 11/30/11.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155729	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 10/31/2011
NAME OF PROVIDER OR SUPPLIER VILLAGE OF HERITAGE THE			STREET ADDRESS, CITY, STATE, ZIP CODE 12011 WHITTERN RD MONROEVILLE, IN46773		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K0144 SS=F	<p>number of fire dampers still in need of an inspection.</p> <p>3.1-19(b)</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level I installations shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires</p>	K0144	<p>1. The generator was equipped with a remote stop button on 11/11/11.2. No other occupants have the potential to be affected, as the deficiency has been corrected.3. The Environmental Services Manager and/or designee will check the remote stop button for functioning every week for 6 months, and will turn in form (Attachment A) to Administrator monthly to insure compliance.4. Environmental Services Manager and/or designee will report compliance with the above to QA x 6 months.5. In compliance by 11/30/11.</p>	11/30/2011	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/16/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155729		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 10/31/2011	
NAME OF PROVIDER OR SUPPLIER VILLAGE OF HERITAGE THE				STREET ADDRESS, CITY, STATE, ZIP CODE 12011 WHITTERN RD MONROEVILLE, IN46773			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the Environmental Service Supervisor on 10/31/11 during a tour of the facility from 11:00 a.m. to 1:30 p.m., the only emergency stop button was located on the emergency generator. Based on an interview with the Environmental Service Supervisor at 12:55 p.m. on 10/31/11, the generator had a motor rated over 100 horsepower.</p> <p>3-1.19(b)</p>						